

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028446

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED AUG 6 1962

Primary Registration District No.

1003

Registrar's No.

7475

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>4248 C/Ay ST. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If outside, give location) <u>ST. Louis</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bernhardt Bischoff</u>		4. DATE OF DEATH Month Day Year <u>7 29 62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/12/74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>JOSCHIM BISCHOFF</u>		13b. MOTHER'S MAIDEN NAME <u>ADELHEIDE (UNKNOWN)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>7327 MRS RALPH BURNETTE MARIETTA AVE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Perforated Duodenal ulcer</u> DUE TO (b) <u>multiple peptic ulcer</u> DUE TO (c) <u>Carcinoma of lip multiple</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>140.9</u>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>140.9</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>7-23-62</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>7-23-62</u> to <u>7-29-62</u> and last saw her alive on <u>7-29-62</u> Death occurred at <u>1:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph J. V. ...</u>		22b. ADDRESS <u>1515 LAFAYETTE</u>	
22c. DATE SIGNED <u>7-29-62</u>		23. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>	
24. FUNERAL DIRECTOR <u>DREHMANN-HARRAL</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 30 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.O.</u>		27. DATE OF BIRTH <u>1/12/74</u>	

Babba

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.